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NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: Charleston State: WV
ZIP: 25311 Country: USA
Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

Date/Time
Date: 07/13/2009 (mm/dd/yyyy) Local Time: 1645
Time Zone: EDT

Phase of Operation
☐ Standing ☐ Takeoff (incl. initial climb) ☑ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft
☐ Midair
☐ On-ground
☑ None

Altitude of In-Flight Occurrence
35,000 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Boeing
Model: 737-3H4
Serial Number: 26602
Registration Number: N387SW **Amateur-built:** ☐ Yes ☑ No

Max Gross Weight: 139,500 lbs
Weight at Time of Accident/Incident: 116,200 lbs
Location of Center of Gravity at Time of Accident/Incident:
_____ inches from ☐ nose or ☐ datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
☑ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate *(Check all that apply)*
Standard
☐ Normal
☐ Utility
☐ Acrobatic
☑ Transport
Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 145
If Large Aircraft, how many seats for:
Flight Crew: 4
Cabin Crew: 4
Passengers: 137

Landing Gear ☑ Retractable
Check any additional landing gear configuration that applies:
☑ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program
☐ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☑ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type
☐ 100 Hour ☑ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 06/15/2009 (mm/dd/yyyy)

Airframe Total Time: 50,888 hrs
hours measured at *(check one)*
☐ Last Inspection ☑ Time of Accident/Incident

IFR Equipped
☑ Yes ☐ No ☐ Unknown

Stall Warning System Installed
☑ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System
☐ None
☐ Specify _____

ELT Installed ☐ Yes ☑ No
ELT Activated ☐ Yes ☐ No

ELT Aided in Locating Accident/Incident
☐ Yes ☐ No

ELT Manufacturer: _____
Model/Series: _____
Serial Number: _____
Battery Type: _____ **Battery Exp. Date:** _____

Engine Type
☐ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☑ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type
☐ Carburetor
☐ Fuel Injected

Propeller
☐ Fixed Pitch
☐ Controllable Pitch
Manufacturer: _____
Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☐ Horsepower or ☑ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	General Electric	CFM56-3B1	859324	03/1998	20000	43,728	237	9,884
Eng. 2	General Electric	CFM56-3B1	857632	07/1993	20000	52,244	237	8,213
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: US Bank NA Trustee

Fractional Ownership Aircraft: ☐ Yes ☑ No

Owner Address

City: Boston
State: MA ZIP: 02110
Country: USA

Operator of Aircraft ☐ Same As Registered Owner

Name: Southwest Airlines, Co.
Doing Business As: Southwest Airlines
Air Carrier/Operator Designator (4 Character Code): SWAA

Operator Address ☐ Same As Registered Owner

City: Dallas
State: TX ZIP: 75235
Country: USA

Regulation Flight Conducted Under

☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☐ *State* ☐ *Local*
☑ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight

☐ Yes ☑ No

Air Medical Flight

☐ Yes ☑ No

Purpose of Flight
for FAR 91, 103, 133, 137 *(Select one)*

☐ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 *(Select one)*

☑ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International

☑ Domestic ☐ International

Cargo Operation

☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Check all that apply)

☐ None
☑ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

OTHER AIRCRAFT – COLLISION *(If air or ground collision occurred, complete this section for other aircraft)*

Aircraft Registration Number

Manufacturer:
Model:

Damage to Other Aircraft

☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

Pilot of Other Aircraft

First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

MECHANICAL MALFUNCTION/FAILURE *(If more space is needed, continue on separate sheet)*

Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☐ Unknown
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

_____ Hours
_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

☐ None ☑ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire

☑ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion

☑ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Description of Damage to Aircraft and Other Property *(use additional sheet if necessary)*

Fuselage:
The upper portion of fuselage skin between BS 828.5 to BS 845.5 from stringer 1 to approximately 3 inches outboard of stringer 2L is damaged. The damage consists of a tear which runs along stringer 1 to approximately BS 828.5, turns at the internal bonded doubler at BS 828.5 and BS 845.5, is torn diagonally from the BS 828.8 tear strap to approximately 3 inches outboard of stringer 2R. The skin is flapped back along stringer 2R. There are a total of six fasteners pulled thru the fuselage skin starting at the fourth fastener aft of BS 828.5. The fuselage skin is pulled from the bonded doubler along stringer 2R.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: _____ **Distance From Airport Center:** _____ SM

Airport Name: _____ **Direction From Airport:** _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip **Airport Elevation:** _____ ft. MSL

Approach Segment *(Select one)*

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach *(Check all that apply)*

☐ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach *(Check all that apply)*

☐ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface *(Check all that apply)*

☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

Condition of Runway/Landing Surface *(Check all that apply)*

☐ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KBNA
City: Nashville
State: TN
Country: USA

Time of Departure

Time: 1605
Time Zone: CDT

Destination

Airport ID: KBWI
City: Baltimore
State: MD
Country: USA

Type Flight Plan Filed

☐ None ☐ VFR/IFR
☐ Company VFR ☑ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☑ Yes ☐ No

Type of ATC Clearance/Service *(Check all that apply)*

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☑ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*

☑ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description *(Check all that apply)*

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☑ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff *(convert from pounds, as necessary)*

2,787 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☐ 100 Low Lead ☑ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☐ Yes ☑ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
Facility ID: See attached Dispatch documents
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ NM
Direction from Accident Site: _____ degrees MAG

Source of Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing *(Check all that apply)*
☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness
☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☐ Not Pertinent

Light Condition
☐ Dawn ☐ Dusk ☐ Dark Night
☐ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility
_____ miles

Sky/Lowest Cloud Condition
☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling
☐ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Restriction to Visibility *(Check all that apply)*
☐ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height
_____ ft AGL

Ceiling Height
_____ ft AGL

Wind Direction
☐ Indicated:
_____ degrees MAG
☐ Variable

Wind Speed
Velocity: _____ KTS
-or-
☐ Calm
☐ Light and Variable

Wind Gusts
Velocity: _____ KTS
☐ Gusting
☐ Not Gusting

Type of Turbulence *(Check all that apply)*
☐ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence
☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C)
or _____ (F)

Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)

Icing Forecast
Amount: ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe
Type: ☐ Rime ☐ Clear ☐ Mixed

Icing Actual
Amount: ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe
Type: ☐ Rime ☐ Clear ☐ Mixed

Type of Precipitation *(Check all that apply)*
☐ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation
☐ Light ☐ Moderate ☐ Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

☑ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: Larry
Middle Initial: D
Last Name: Godwin

City: Dallas
State: TX ZIP: 75235
Country: USA

Age at time of Accident/Incident: 53 Date of Birth: [redacted] *mm/dd/yyyy*

Certificate Number: 2806830

Degree of Injury
☑ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied
☑ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt
Used ☑ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness
Used ☑ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☑ Commercial ☐ Flight Engineer ☐ Foreign
☑ Private ☐ Flight Instructor ☐ Sport ☑ Airline Transport ☐ U.S. Military

Principal Occupation
☑ Pilot
☐ Other
☐ Unknown

Medical Certificate
☐ None ☐ Class 3
☑ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity
☐ Without limitations/waivers
☑ With limitations/waivers
☐ Unknown

Date of Last Medical
02/23/2009
mm/dd/yyyy

Medical Certificate Limitations
Holder shall possess corrective lenses for near vision

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 06/14/2009 *mm/dd/yyyy*

Flight Review Aircraft
Make: Boeing
Model: 737

Airplane Rating(s) *(Check all that apply)*
☐ None
☑ Single-Engine Land
☐ Single-Engine Sea
☑ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None
☑ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings
B-737

Student Endorsements *(Include dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	22,500	19,300	250	22,500	2,000	300	0	0	0	0
Pilot in Command (PIC)	17,500	15,200	0	17,000	2,200	20	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	225	225	0	225	6	3	4	0	0	0
Last 30 Days	75	75	0	75	2	1	4	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot ☑ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: Martin
Middle Initial: R
Last Name: Hanson

City: Dallas
State: TX ZIP: 75235
Country: USA

Age at time of Accident/Incident: 41 Date of Birth: [redacted] *mm/dd/yyyy*

Certificate Number: 3374120

Degree of Injury
☑ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied
☐ Left ☐ Front ☐ Unknown
☑ Right ☐ Rear
☐ Center ☐ Single

Seat Belt
Used ☑ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness
Used ☑ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☑ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☑ Flight Instructor ☐ Sport ☑ Airline Transport ☐ U.S. Military

Principal Occupation
☑ Pilot
☐ Other
☐ Unknown

Medical Certificate
☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☑ Class 2 ☐ Unknown

Medical Certificate Validity
☑ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical
09/18/2008
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 08/05/2008 *mm/dd/yyyy*

Flight Review Aircraft
Make: Boeing
Model: 737

Airplane Rating(s) *(Check all that apply)*
☐ None
☑ Single-Engine Land
☐ Single-Engine Sea
☑ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☐ None
☐ Airship
☐ Free Balloon
☑ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None
☑ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None
☑ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings
B-737
BA-4100
EMB-145

Student Endorsements *(Include dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	10,100	2,240	1,110	9,020	2,100	930	180	0	26	0
Pilot in Command (PIC)	6,300	0	945	5,300	2,000	700		0	20	0
Time as Instructor	232	0	232	0	30	0	0	0	0	0
This Make/Model					430	230	70			
Last 90 Days	167	167	0	167	11	8	0	0	0	0
Last 30 Days	67	67	0	67	0	1	0	0	0	0
Last 24 Hours	6	6	0	6	0	0	0	0	0	0

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Pilot Name and Address

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Pilot Name and Address

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: Natallie Middle Initial: Last Name: Robello City: Dallas State: TX ZIP: 75235 Country: USA	A	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐
First Name: Sarah Middle Initial: Last Name: Berndt City: Dallas State: TX ZIP: 75235 Country: USA	B	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐
First Name: Michael Middle Initial: Last Name: Prime City: Dallas State: TX ZIP: 75235 Country: USA	C	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐
First Name: 125 Passengers Middle Initial: Last Name: City: State: ZIP: Country:		☐	☐	☑	☐	☐	☐	☐	☐	☑	☐
First Name: 1 Passenger Middle Initial: Last Name: City: State: ZIP: Country:		☐	☑	☐	☐	☐	☐	☐	☐	☑	☐
First Name: Middle Initial: Last Name: City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name: City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name: City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

During cruise at approximately 33,400 feet a loud pop was heard and the cabin rapidly depressurized. Passenger oxygen masks were automatically deployed and the Crew declared an emergency to divert to CRW (Charleston, West Virginia). The flight landed safely in CRW and passengers were brought into the terminal. The Flight Crew discovered a hole above row 16 in the cabin.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report	Signature and Name of Pilot/Operator
07/27/2009 *mm/dd/yyyy*	Signature: _____ Type or Print Name: _____

Signature **on Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: Dennis G. Post

Title: Operational Safety Lead

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received